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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|--------------------|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on | Antonio | |
| pic exi lice | your government-issued picture identification (for example, your driver's | First name | First name |
| | license or passport). | Middle name | Middle name |
| | Bring your picture identification to your | Adams | |
| | meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| • | Only the last 4 digits of | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-4022 | |

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Case number (if known)

Debtor 1 Antonio Adams

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 348 Merrimac St | If Debtor 2 lives at a different address: | | | |
| | | Park Forest, IL 60466 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Cook County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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Document Case number (if known) Debtor 1 Antonio Adams

| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 Chapter 11 | | | | | | | | |
|-----|---|--|-------------------------------|--|---|--------------------------------------|---------------------------|--|--|--|
| | choosing to file under | | | | | | | | | |
| | | | | | | | | | | |
| | | □ CI | hapter 12 | | | | | | | |
| | | □ Chapter 13 | | | | | | | | |
| | | | | | | | | | | |
| 3. | How you will pay the fee | | about how yo | u may pay. Typio attorney is subm | cally, if you are paying | the fee yourself | f, you may pay with cash | local court for more details , cashier's check, or money n a credit card or check with | | |
| | | | | | | this option, sig | gn and attach the Applica | ch the Application for Individuals to Pay | | |
| | | | • | e in Installments t my fee be wait | r if you are filing for Char | oter 7. By law, a judge may, | | | | |
| | | Ц | but is not requapplies to you | uired to, waive your or family size and | our fee, and may do so I you are unable to pay | only if your inc the fee in insta | come is less than 150% of | of the official poverty line that this option, you must fill out | | |
|). | Have you filed for bankruptcy within the last 8 years? | □ No | | | | | | | | |
| | iasi o years : | — 16 | ss. District | ilnbe | When | 8/02/10 | Case number | 10-34555 | | |
| | | | District | illibe | When | 0/02/10 | Case number | 10-34555 | | |
| | | | District | | When | | Case number | | | |
| | | | District | | | | Oddo Namboi | | | |
| 0. | Are any bankruptcy cases pending or being | ■ No |) | | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Ye | es. | | | | | | | |
| | | | Debtor | | | | Relationship to y | ou | | |
| | | | District | | When | | Case number, if | known | | |
| | | | Debtor | | | | Relationship to y | ou | | |
| | | | District | | When | | Case number, if | known | | |
| 11. | Do you rent your | □ No | Go to li | ne 12. | | | | | | |
| | residence? | ■ Ye | Heeve | ur landlord obtai | ned an eviction judgme | ent against you' | ? | | | |
| | | 6 | | No. Go to line 12 | 2 | • | | | | |
| | | | | No. Go to line 12 | ۷. | | | | | |
| | | | | | | Eviction Judan | ment Against You (Form | 101A) and file it with this | | |

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Page 4 of 51 Document Case number (if known) Debtor 1 Antonio Adams Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor ■ No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is

property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 **Antonio Adams** Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| DCD | Antonio Adams | | | | Od3C III | | | | |
|------|---|---|---|--|--|-------------------------------------|---|--|--|
| Part | 6: Answer These Quest | ions for R | eporting Purposes | | | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. | | | | | | |
| | | | Yes. Go to line 17. | | | | | | |
| | | 16b. | Are your debts primarily money for a business or in | | | | | | |
| | | | □ No. Go to line 16c. | | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | | |
| | | 16c. | State the type of debts you | u owe that are not cons | sumer debts or bu | siness debts | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapt | ter 7. Go to line 18. | | | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | I am filing under Chapter 7 are paid that funds will be | | | | and administrative expenses | | |
| | administrative expenses | | ■ No | | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ☐ Yes | | | | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-199 □ 200-999 | | ☐ 1,000-5,00 ☐ 5001-10,0 ☐ 10,001-25 | 000 | ☐ 25,001- ☐ 50,001- ☐ More th | | | |
| 19. | How much do you estimate your assets to be worth? | □ \$100, | 50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million | □ \$10,000,0 □ \$50,000,0 | 01 - \$10 million 001 - \$50 million 001 - \$100 million ,001 - \$500 millior | □ \$1,000, □ \$10,000 | 00,001 - \$1 billion 000,001 - \$10 billion 0,000,001 - \$50 billion an \$50 billion | | |
| 20. | How much do you estimate your liabilities to be? | ☐ \$100, | 50,000 101 - \$100,000 101 - \$500,000 1001 - \$1 million | □ \$10,000,0 □ \$50,000,0 | 01 - \$10 million 001 - \$50 million 001 - \$100 million ,001 - \$500 millior | □ \$1,000 □ \$10,00 | 00,001 - \$1 billion ,000,001 - \$10 billion 0,000,001 - \$50 billion nan \$50 billion | | |
| Part | 7: Sign Below | | | | | | | | |
| For | you | I have ex | amined this petition, and I d | declare under penalty o | of perjury that the | information provided i | s true and correct. | | |
| | | United St | chosen to file under Chapter ates Code. I understand the | e relief available under | each chapter, and | d I choose to proceed | under Chapter 7. | | |
| | | | rney represents me and I did t, I have obtained and read | | | | nelp me fill out this | | |
| | | I request | relief in accordance with the | e chapter of title 11, Ur | nited States Code | , specified in this petit | ion. | | |
| | | bankrupto and 3571 | • | | | | ud in connection with a s U.S.C. §§ 152, 1341, 1519, | | |
| | | Antonio | Adams e of Debtor 1 | | Signature of D | Debtor 2 | | | |
| | | Executed | September 20, 20 MM / DD / YYYY | 18 | Executed on | MM / DD / YYYY | | | |
| | | | | | | | | | |

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Debtor 1 Antonio Adams

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Angie S. Lee | Date | September 20, 2018 |
|--|---------------|---------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Angie S. Lee 6282075 | | |
| Lee Ratliff & Associates LLC | | |
| 1800 Ridge Road | | |
| Unit 204, Suite 10 | | |
| Homewood, IL 60430 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 708-845-7958 | Email address | angielesq@yahoo.com |
| 6282075 IL | | |
| Bar number & State | | |

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| | | Docume | ent Page 8 of 51 | |
|---------------------------|--------------------------|-------------------|------------------|---|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Antonio Adams | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | |
| | | | | - |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ \$ | |
|---|--|---|
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ | |
| <u></u> | | 52,537.00 |
| 2: Summarize Your Liabilities | Veur lie | |
| | Vaur lia | |
| | | abilities you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 40,831.00 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 500.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 44,577.00 |
| Your total liabilities | \$ | 85,908.00 |
| 3: Summarize Your Income and Expenses | | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,498.16 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,498.00 |
| 4: Answer These Questions for Administrative and Statistical Records | | |
| Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sch | edules. |
| ■ Yes What kind of debt do you have? | | |
| | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F |

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Case number (if known) Debtor 1 Antonio Adams

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,100.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clai | m |
|--|------------|--------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 500.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 500.00 |

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|---|---|---|--|---|--|
| Fill in this inf | ormation to identify your | case and this filing: | | | |
| Debtor 1 | Antonio Adams | | | | |
| DODIOI 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT OF ILI | LINOIS | | |
| | | | | | |
| Case number | | | _ | I | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Official E | orm 106A/B | | | | |
| | | | | | |
| Schedu | ule A/B: Prop | erty | | | 12/15 |
| hink it fits best nformation. If n Answer every q | . Be as complete and accura nore space is needed, attach uestion. | e items. List an asset only once. I tte as possible. If two married peo a separate sheet to this form. On Land, or Other Real Estate You (| ple are filing together, both ar the top of any additional page | re equally responsible for sup | plying correct |
| Part 1: Descri | ibe Each Residence, Building | g, Land, or Other Real Estate You C | Jwn or have an interest in | | |
| . Do you own | or have any legal or equitable | e interest in any residence, buildin | g, land, or similar property? | | |
| - | _ | | | | |
| No. Go to | | | | | |
| ☐ Yes. Whe | re is the property? | | | | |
| Part 2: Descri | ibe Your Vehicles | | | | |
| D00011 | 1001 101110100 | | | | |
| | • | le, also report it on Schedule G: | Executory Contracts and O | nexpired Leases. | |
| 3.1 Make: | Kia | Who has an interest in | the property? Check one | Do not deduct secured clai | |
| Model: | Optima | Debtor 1 only | | the amount of any secured Creditors Who Have Claim | |
| Year: | 2013 | Debtor 2 only | | Current value of the | Current value of the |
| Approxir | mate mileage: 50 | ,000 Debtor 1 and Debtor | 2 only | entire property? | portion you own? |
| Other in | formation: | ☐ At least one of the de | btors and another | | |
| | | | | | |
| | | ☐ Check if this is com | munity property | \$7,000.00 | \$7,000.00 |
| | | (see instructions) | | | |
| Examples: B No Yes S Add the do pages you | Boats, trailers, motors, personal and House in the portion of the | | snowmobiles, motorcycle ac | y entries for | \$7,000.00 |
| Do you own o | or have any legal or equit | able interest in any of the follo | owing items? | pe D | urrent value of the ortion you own? o not deduct secured |
| Household | goods and furnishings | | | cl | aims or exemptions. |
| , | greene and runniginings | | | | |

Examples: Major appliances, furniture, linens, china, kitchenware

■ No

Official Form 106A/B Schedule A/B: Property

| Cas | e 18-26577 | Doc 1 | Filed 09/20/18 | Entered 09/20/18 22:0 | 00:09 | Desc Main |
|--|--|-----------------|--|---|-------------|--------------------------------|
| Debtor 1 Antor | nio Adams | | Document | Page 11 of 51 Case number | (if known) | |
| ☐ Yes. Describ | e | | | | | |
| | ding cell phones, o | | stereo, and digital equip ia players, games | oment; computers, printers, scanner | s; music c | ollections; electronic devices |
| | TVs, C | ell phone, v | rideo game console | | | \$800.00 |
| | ues and figurines; collections, mem | | | oks, pictures, or other art objects; st | amp, coin, | or baseball card collections; |
| | .s, photographic, e cal instruments | | other hobby equipment; I | bicycles, pool tables, golf clubs, skis | s; canoes a | and kayaks; carpentry tools; |
| 10. Firearms Examples: Pist □ No ■ Yes. Describ | _ | ns, ammunitior | n, and related equipment | t | | |
| | Two 40 | 0 caliber pis | itols | | | \$800.00 |
| 11. Clothes Examples: Eve No Yes. Describ | | s, leather coat | s, designer wear, shoes, | , accessories | | |
| | Clothi | ng | | | | \$500.00 |
| 12. Jewelry Examples: Eve □ No ■ Yes. Describ | | stume jewelry, | engagement rings, wedd | ding rings, heirloom jewelry, watche | s, gems, g | gold, silver |
| | Earring | gs | | | | \$100.00 |
| ■ No □ Yes. Describ 14. Any other pers ■ No | s, cats, birds, horse | nold items you | u did not already list, ir | ncluding any health aids you did | not list | |
| | | | om Part 3, including a | ny entries for pages you have atta | ached | \$2,200.00 |

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured Case 18-26577 Doc 1 Filed 09/20/18 Entered 09/20/18 22:00:09 Desc Main

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Case number (if known) Document Debtor 1 **Antonio Adams**

| | | | | | ciaims or exe | imptions. |
|-----|--|--------------------------------------|--|--|---|-------------|
| 16. | Cash Examples: Money yo ■ No □ Yes | · | • | nome, in a safe deposit box, and on han | d when you file your petition | |
| 17. | institution | | | counts; certificates of deposit; shares in ts with the same institution, list each. | credit unions, brokerage houses, and other | similar |
| | □ No ■ Yes | | | Institution name: | | |
| | | 17.1. | Checking | Fifth Third | | \$310.00 |
| | | 17.2. | Savings | Fifth Third | | \$3.00 |
| 18. | ■ No | | ent accounts with b | rokerage firms, money market accounts | ; | |
| | ☐ Yes | | Institution or issue | | | |
| 19. | Non-publicly traded joint venture □ No | I stock and | interests in incorp | porated and unincorporated busines | ses, including an interest in an LLC, partn | ership, and |
| | Yes. Give specific | | about them me of entity: | | % of ownership: | |
| | | Au pro an | igust 2018. 50% ovide security so d schools in loc | nvestigation, LLC. Created in interest. No assets. Will ervices for small businesses al community, primarily Ford go Heights area. | % | \$0.00 |
| | Negotiable instrume | nts include pruments are information | personal checks, ca those you cannot tr | notiable and non-negotiable instrume ashiers' checks, promissory notes, and ransfer to someone by signing or delive | money orders. | |
| 21. | Retirement or pensi Examples: Interests No | | | 403(b), thrift savings accounts, or other | r pension or profit-sharing plans | |
| | ☐ Yes. List each acco | | tely. of account: | Institution name: | | |
| 22. | | used deposi | ts you have made s | so that you may continue service or use , public utilities (electric, gas, water), tel | from a company ecommunications companies, or others | |
| | ■ No □ Yes | | | Institution name or individual: | | |
| 23. | ` | ct for a perio | dic payment of mor | ney to you, either for life or for a number | r of years) | |
| | ■ No □ Yes | Issuer nam | ne and description. | | | |
| 24. | Interests in an educa 26 U.S.C. §§ 530(b)(1 | | | qualified ABLE program, or under a o | qualified state tuition program. | |
| | ☐ Yes | Institution | name and description | on. Separately file the records of any int | terests.11 U.S.C. § 521(c): | |
| Off | icial Form 106A/B | | | Schedule A/B: Property | | page 3 |

| Debtor 1 | Case 18-26577 Antonio Adams | Doc 1 | Filed 09/20/18 Document | Entered 09/20/18 22:00:09 Page 13 of 51 Case number (if known) | Desc Main |
|---------------------------|---|-----------------------------|----------------------------|--|---|
| | Antonio Addino | | | | |
| ■ No | s, equitable or future interesting. Give specific information a | | rty (other than anythin | g listed in line 1), and rights or powers exe | ercisable for your benefit |
| | • | | | | |
| <i>Exam</i> ■ No | ts, copyrights, trademarks ples: Internet domain names | s, websites, p | | | |
| ⊔ Yes. | Give specific information a | bout them | | | |
| | ses, franchises, and other ples: Building permits, exclu | | | n holdings, liquor licenses, professional licens | es |
| ☐ Yes. | Give specific information a | bout them | | | |
| Money or | property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax re | funds owed to you | | | | |
| ■ No | | | | | |
| ☐ Yes. | Give specific information at | oout them, inc | cluding whether you alrea | ady filed the returns and the tax years | |
| | | | | | |
| ■ No | ples: Past due or lump sum | | usal support, child suppo | ort, maintenance, divorce settlement, property | settlement |
| ⊔ Yes. | Give specific information | | | | |
| Exam _i ■ No | benefits; unpaid loans | ty insurance | | efits, sick pay, vacation pay, workers' compe | nsation, Social Security |
| | Give specific information | | | | |
| | sts in insurance policies ples: Health, disability, or life | e insurance; ł | nealth savings account (I | HSA); credit, homeowner's, or renter's insurar | nce |
| Yes. | Name the insurance compa | any of each p pany name: | olicy and list its value. | Beneficiary: | Surrender or refund |
| | Com | рапу паше. | | Beneficiary. | value: |
| | Glol | be | | 3 children | \$0.00 |
| - | | | | | |
| If you somed | terest in property that is care the beneficiary of a livinone has died. | | | ed surance policy, or are currently entitled to rec | eive property because |
| ■ No | Cive apositic information | | | | |
| □ res. | Give specific information | | | | |
| | s against third parties, who ples: Accidents, employmen | | | it or made a demand for payment s to sue | |
| ■ Yes. | Describe each claim | | | | |
| | | Persoi | nal injury claim. Atto | orney Steven Miller. 708-799-5454. | \$30,000.00 |
| | | · | | | |
| □ No | | ed claims of | every nature, including | g counterclaims of the debtor and rights to | set off claims |
| Yes. | Describe each claim | | | | |

page 4

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Case number (if known) Document

Debtor 1 **Antonio Adams**

Personal injury settlement from auto manufacturer. Attorney George Dunn with Archer Systems. 281-709-2565.

\$13,024.00

| 85. Any financial assets you did not already list ■ No □ Yes. Give specific information | | | |
|---|------------------------------|---------------------------|------------------------|
| 36. Add the dollar value of all of your entries from Part 4, includi for Part 4. Write that number here | | ges you have attached | \$43,337.00 |
| Part 5: Describe Any Business-Related Property You Own or Have an Inte | erest In. List any real esta | ate in Part 1. | |
| 87. Do you own or have any legal or equitable interest in any business-rela | ated property? | | |
| No. Go to Part 6. | | | |
| Yes. Go to line 38. | | | |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1. | ou Own or Have an Interes | st In. | |
| 16. Do you own or have any legal or equitable interest in any farm | n- or commercial fishir | ng-related property? | |
| No. Go to Part 7. | | | |
| ☐ Yes. Go to line 47. | | | |
| Part 7: Describe All Property You Own or Have an Interest in That You | ou Did Not List Above | | |
| 53. Do you have other property of any kind you did not already lise Examples: Season tickets, country club membership ■ No □ Yes. Give specific information | et? | | |
| 54. Add the dollar value of all of your entries from Part 7. Write t | hat number here | | \$0.00 |
| Part 8: List the Totals of Each Part of this Form | | | |
| 55. Part 1: Total real estate, line 2 | | | \$0.00 |
| 56. Part 2: Total vehicles, line 5 | \$7,000.00 | | |
| 57. Part 3: Total personal and household items, line 15 | \$2,200.00 | | |
| 58. Part 4: Total financial assets, line 36 | \$43,337.00 | | |
| 59. Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. Part 7: Total other property not listed, line 54 | +\$0.00 | | |
| 62. Total personal property. Add lines 56 through 61 | \$52,537.00 | Copy personal property to | tal \$52,537.00 |
| 63. Total of all property on Schedule A/B . Add line 55 + line 62 | | | \$52,537.00 |

Official Form 106A/B Schedule A/B: Property page 5 Case 18-26577 Doc 1 Filed 09/20/18 Entered 09/20/18 22:00:09 Desc Main

| | | I A A A HI III. | 111 1 11111. 1.7 (1) .7 | |
|---------------------|-------------------------|-------------------|-------------------------|--|
| Fill in this inforn | nation to identify your | case: | | |
| Debtor 1 | Antonio Adams | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number _ | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Ide | entify the | Property | / You Cla | aim as l | Exempt |
|-------------|------------|----------|-----------|----------|--------|
|-------------|------------|----------|-----------|----------|--------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | · · · · · · · · · · · · · · · · · · · | | Specific laws that allow exemption |
|--|--------------------------------------|---------------------------------------|---|------------------------------------|
| | | | | |
| Two 40 caliber pistols Line from Schedule A/B: 10.1 | \$800.00 | | \$800.00 | 735 ILCS 5/12-1001(d) |
| 2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Clothing Line from Schedule A/B: 11.1 | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(a) |
| Ellie Holli Genedale A.B. TT. | | | 100% of fair market value, up to any applicable statutory limit | |
| Globe Beneficiary: 3 children | \$0.00 | | \$0.00 | 215 ILCS 5/238 |
| Line from Schedule A/B: 31.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Personal injury claim. Attorney Steven Miller. 708-799-5454. | \$30,000.00 | | \$4,000.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 33.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Personal injury claim. Attorney Steven Miller, 708-799-5454. | \$30,000.00 | | \$2,000.00 | 735 ILCS 5/12-1001(h)(4) |
| Line from Schedule A/B: 33.1 | | | 100% of fair market value, up to any applicable statutory limit | |

Case 18-26577 Doc 1 Filed 09/20/18 Entered 09/20/18 22:00:09 Desc Main Document Page 16 of 51 Debtor 1 Antonio Adams Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Personal injury settlement from auto 735 ILCS 5/12-1001(h)(4) \$13,024.00 \$13,000.00 manufacturer. Attorney George 100% of fair market value, up to **Dunn with Archer Systems.** 281-709-2565. any applicable statutory limit Line from Schedule A/B: 34.1 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

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| | | Document Pa | ae 17 o | of 51 | | |
|-----------------------------------|--------------------------|--|--------------|-------------------------------|------------------------|----------------------|
| Fill in this inforn | nation to identify you | r case: | | | | |
| Debtor 1 | Antonio Adams | | | | | |
| DCDIOI 1 | First Name | Middle Name Last I | Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name Last I | Name | | | |
| United States Bar | nkruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | 3 | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | ameno | ed filing |
| Official Form | 106D | | | | | |
| | | Who Have Claims Sec | rured l | hy Propert | V | 12/15 |
| <u> </u> | D. Cicuitors | Wild Have claims see | | by i ropert | У | 12/13 |
| | | f two married people are filing together, bot out, number the entries, and attach it to this | | | | |
| 1. Do any creditors | have claims secured by | your property? | | | | |
| ☐ No. Check | this box and submit th | nis form to the court with your other scheo | dules. You | have nothing else t | o report on this form. | |
| _ | all of the information I | • | | 3 | | |
| | | Delow. | | | | |
| | I Secured Claims | | | Column A | Column B | Column C |
| | | nore than one secured claim, list the creditor se a particular claim, list the other creditors in Par | | Amount of claim | Value of collateral | Unsecured |
| | | cal order according to the creditor's name. | 11 2.713 | Do not deduct the | that supports this | portion |
| 2.1 Advocate | Medical Group | Describe the property that secures the cla | im· | value of collateral. \$184.00 | claim \$30,000.00 | If any \$0.00 |
| Creditor's Name | • | Personal injury claim. Attorney | | Ψ104.00 | Ψ30,000.00 | Ψ0.00 |
| | | Steven Miller. 708-799-5454. | | | | |
| 8550 W Bı | ryn Mawr Ave | As of the date you file the claim is: Oberto | -11 414 | | | |
| 8th FI | | As of the date you file, the claim is: Check a apply. | III that | | | |
| Chicago, | | Contingent | | | | |
| Number, Street, | , City, State & Zip Code | Unliquidated | | | | |
| Who owes the de | ht? Chack one | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| _ | bt: Check one. | ☐ An agreement you made (such as mortga | go or goourg | .d | | |
| Debtor 1 only | | car loan) | ge or secure | eu . | | |
| ☐ Debtor 2 only ☐ Debtor 1 and De | obtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's | e lion) | | | |
| _ | ne debtors and another | ☐ Judgment lien from a lawsuit | S liell) | | | |
| ☐ Check if this cl | | ☐ Other (including a right to offset) | | | | |
| community de | | | | | | |
| Date debt was incu | urred | Last 4 digits of account number | 0292 | | | |
| | | | | | | |
| 2.2 First Invst | | Describe the property that secures the cla | im: | \$14,714.00 | \$7,000.00 | \$7,714.00 |
| Creditor's Name | | 2013 Kia Optima 50,000 miles | | | | |
| 5757 Woo | dway Dr Ste | | | | | |
| 400 | away Di Ole | As of the date you file, the claim is: Check a | all that | | | |
| Houston, | TX 77057 | apply. Contingent | | | | |
| Number, Street, | , City, State & Zip Code | ☐ Unliquidated | | | | |
| | | ☐ Disputed | | | | |
| Who owes the de | bt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as mortga | ge or secure | ed | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and De | | Statutory lien (such as tax lien, mechanic's | s lien) | | | |
| | ne debtors and another | Judgment lien from a lawsuit | | | | |
| ☐ Check if this cl | aım relates to a | Other (including a right to offset) | | | | |

community debt

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| Debtor 1 Antonio A | | | Case number (if know) | | |
|------------------------------|------------------|--|-----------------------|-------------|--------|
| First Name | Middle N | lame Last Name | | | |
| | Opened | | | | |
| | 05/17 Last | | | | |
| | Active | Last 4 digits of account number 0001 | | | |
| Date debt was incurred | 8/18/18 | Last 4 digits of account number | | | |
| Franciscan He | alth | | | | |
| 2.3 Olympia Fields | | Describe the property that secures the claim: | \$1,323.00 | \$30,000.00 | \$0.00 |
| Creditor's Name | | Personal injury claim. Attorney | | | |
| 20201 South C | rawford | Steven Miller. 708-799-5454. | | | |
| Attn Billing | | As of the date you file, the claim is: Check all that apply. | | | |
| Olympia Fields | s, IL 60461 | Contingent | | | |
| Number, Street, City, S | state & Zip Code | Unliquidated | | | |
| | | ☐ Disputed | | | |
| Who owes the debt? O | heck one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | | ☐ An agreement you made (such as mortgage or se | ecured | | |
| Debtor 2 only | | car loan) | | | |
| Debtor 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the deb | tors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim re | lates to a | ☐ Other (including a right to offset) | | | |
| community debt | | · · · · · · · · · · · · · · · · · · · | | | |
| Date debt was incurred | | Last 4 digits of account number | | | |
| | | | | | |
| 2.4 Franciscan Ph | ysicians | Describe the property that secures the claim: | \$21,160.00 | \$30,000.00 | \$0.00 |
| Hosp-Patient Creditor's Name | | Personal injury claim. Attorney | | | |
| | | Steven Miller. 708-799-5454. | | | |
| 28044 Network | c Place | As of the date you file, the claim is: Check all that | | | |
| Chicago, IL 60 | | apply. □ Contingent | | | |
| Number, Street, City, S | | ☐ Unliquidated | | | |
| ,,, | <u>_</u> | ☐ Disputed | | | |
| Who owes the debt? | heck one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ☐ An agreement you made (such as mortgage or se | ecured | | |
| Debtor 2 only | | car loan) | | | |
| Debtor 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the deb | • | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim re | | Other (including a right to offset) | | | |
| community debt | | | | | |
| Date debt was incurred | July 2017 | Last 4 digits of account number 4108 | | | |
| 2.5 Oasis Financia | al | Describe the property that secures the claim: | \$865.00 | \$30,000.00 | \$0.00 |
| Creditor's Name | | Personal injury claim. Attorney | | | ****** |
| | | Steven Miller. 708-799-5454. | | | |
| 9525 W Bryn N | lawr Ave | As of the date you file, the claim is: Check all that | | | |
| Suite 900 | | apply. | | | |
| Rosemont, IL | 60018 | Contingent | | | |
| Number, Street, City, S | state & Zip Code | ☐ Unliquidated | | | |
| | | Disputed | | | |
| Who owes the debt? | heck one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | An agreement you made (such as mortgage or se | ecured | | |
| Debtor 2 only | | car loan) | | | |
| Debtor 1 and Debtor 2 | | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the deb | tors and another | ☐ .ludgment lien from a lawsuit | | | |

Official Form 106D

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| Debtor 1 | Antonio Adams | | Case number (if know) | | |
|------------|---|--|-----------------------|-------------|--------|
| | First Name Middle N | lame Last Name | - | | |
| | if this claim relates to a nunity debt | Other (including a right to offset) | | | |
| Date debt | was incurred | Last 4 digits of account number | | | |
| | dialamatan adam | | | | |
| | diology Imaging nsultants | Describe the property that secures the claim: | \$2,180.00 | \$30,000.00 | \$0.00 |
| Credi | itor's Name | Personal injury claim. Attorney | | | |
| | Remittance Dr Dept | Steven Miller. 708-799-5454. | | | |
| 132 | :4 n Bankruptcy | As of the date you file, the claim is: Check all that | | | |
| | icago, IL 60675-1324 | apply. Contingent | | | |
| | ber, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ,,у, | ☐ Disputed | | | |
| Who owe | s the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor | 1 only | ☐ An agreement you made (such as mortgage or s | secured | | |
| ☐ Debtor | • | car loan) | | | |
| ☐ Debtor | 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least | t one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| | if this claim relates to a nunity debt | Other (including a right to offset) | | | |
| Date debt | was incurred | Last 4 digits of account number | | | |
| Sou | uth Holland Injury | | | | |
| 2.7 Car | | Describe the property that secures the claim: | \$405.00 | \$30,000.00 | \$0.00 |
| Credi | itor's Name | Personal injury claim. Attorney Steven Miller. 708-799-5454. | | | |
| | 525 South Park Ave te 107 | As of the date you file, the claim is: Check all that | | | |
| | uth Holland, IL 60473 | apply. | | | |
| | ber, Street, City, State & Zip Code | ☐ Contingent☐ Unliquidated | | | |
| 140111 | bor, otroot, only, otate a zip oode | ☐ Disputed | | | |
| Who owe | s the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor | 1 only | ☐ An agreement you made (such as mortgage or s | secured | | |
| ☐ Debtor | • | car loan) | | | |
| ☐ Debtor | 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least | t one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| | if this claim relates to a nunity debt | Other (including a right to offset) | | | |
| Date debt | was incurred | Last 4 digits of account number | | | |
| | | | | | |
| Add the | dollar value of your entries in C | Column A on this page. Write that number here: | \$40,831.0 | 0 | |
| If this is | the last page of your form, add | the dollar value totals from all pages. | \$40,831.0 | | |
| Write tha | at number here: | | ψτυ,υυ ι.υ | - | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | Documer | nt Page 20 o | of 51 | | |
|---|---|--|---|--|------------------------|--------------------|
| Fill in this inforn | nation to identify your cas | se: | | | | |
| Debtor 1 | Antonio Adams | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | | |
| (Spouse if, filing) | First Name | iviladie Name | Last Name | | | |
| United States Bar | nkruptcy Court for the: | ORTHERN DISTRICT (| OF ILLINOIS | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | amend | ed filing |
| Official Form | 106F/F | | | | | |
| | /F: Creditors Wh | o Have Unsecu | red Claims | | | 12/15 |
| | d accurate as possible. Use F | | | 2 for craditors with NON | IDDIODITY claims I i | |
| eft. Attach the Conname and case num Part 1: List Al | II of Your PRIORITY Unse | f you have no information cured Claims | | | | |
| _ ′ | ors have priority unsecured c | laims against you? | | | | |
| □ No. Go to P | art 2. | | | | | |
| Yes. | | 15. 1 | | W | | |
| identify what type possible, list the Part 1. If more | r priority unsecured claims. If pe of claim it is. If a claim has be e claims in alphabetical order a than one creditor holds a partic ation of each type of claim, see | oth priority and nonpriority a ccording to the creditor's na ular claim, list the other cred | mounts, list that claim her me. If you have more than litors in Part 3. | e and show both priority and two priority unsecured cl | and nonpriority amount | ts. As much as |
| (i or air explaine | anon or each type or claim, see | the instructions for this form | THE HISTORICAL BOOKICE. | Total claim | Priority amount | Nonpriority amount |
| | Dept of Human Service | Last 4 digits of a | account number | \$500.00 | \$500.00 | \$0.00 |
| Priority Cre PO Box | editor's Name | When was the d | eht incurred? | | | |
| | ield, IL 62794-9407 | Wildir Was tills a | | | - | |
| | treet City State Zlp Code | As of the date ye | ou file, the claim is: Chec | ck all that apply | | |
| Who incurred | d the debt? Check one. | ☐ Contingent | | | | |
| Debtor 1 o | only | ☐ Unliquidated | | | | |
| Debtor 2 o | only | ☐ Disputed | | | | |
| Debtor 1 a | and Debtor 2 only | Type of PRIORIT | TY unsecured claim: | | | |
| ☐ At least on | ne of the debtors and another | Domestic sup | port obligations | | | |
| ☐ Check if t | his claim is for a community | debt | rtain other debts you owe | the government | | |
| _ | subject to offset? | ☐ Claims for dea | ath or personal injury while | e you were intoxicated | | |
| ■ No | | Other. Specify | | | | |
| ☐ Yes | | | Back child suppo | ort | | |
| Part 2: List Al | II of Your NONPRIORITY | Jnsecured Claims | | | | |
| 3. Do any credito | ors have nonpriority unsecur | ed claims against you? | | | | |
| ☐ No. You hav | ve nothing to report in this part. | Submit this form to the coul | rt with your other schedule | es. | | |
| Yes. | | | | | | |
| 4. List all of your | nonpriority unsecured clain | s in the alphabetical orde | r of the creditor who hal | ds each claim. If a credit | or has more than one | nonpriority |
| unsecured clair | m, list the creditor separately for holds a particular claim. list t | r each claim. For each claim | listed, identify what type | of claim it is. Do not list cla | aims already included | in Part 1. If more |

Official Form 106 E/F

Part 2.

Total claim

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Debtor 1 Antonio Adams Case number (if know) 4.1 \$193.00 Advocate Medical Group Last 4 digits of account number 0292 Nonpriority Creditor's Name 8550 W Bryn Mawr Ave When was the debt incurred? 2018 8th FI Chicago, IL 60631 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical bill** Other, Specify 4.2 **Capital One** Last 4 digits of account number 4741 \$2,038.00 Nonpriority Creditor's Name Opened 11/15 Last Active 15000 Capital One Dr When was the debt incurred? 8/04/18 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other, Specify 4.3 **Capital One** Last 4 digits of account number 6672 \$759.00 Nonpriority Creditor's Name Opened 04/17 Last Active 15000 Capital One Dr When was the debt incurred? 8/09/18 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes

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Debtor 1 Antonio Adams Case number (if know) 4.4 \$244.00 City of Chicago Dept of Fin Last 4 digits of account number Nonpriority Creditor's Name 33 N LaSalle St When was the debt incurred? Ste 700 Chicago, IL 60602 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Ticket Other. Specify 4.5 Credit One Bank Na Last 4 digits of account number \$615.00 6350 Nonpriority Creditor's Name Opened 06/17 Last Active Po Box 98872 8/07/18 When was the debt incurred? Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other. Specify 4.6 **Emp of Cook County LLC** Last 4 digits of account number 6385 \$1,587.00 Nonpriority Creditor's Name c/o US Acute Care Solutions When was the debt incurred? 2018 PO Box 14099 Belfast, ME 04915 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical bill ☐ Yes

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Debtor 1 Antonio Adams Case number (if know) 4.7 \$2,000.00 **Escallate LLC** Last 4 digits of account number Nonpriority Creditor's Name 5200 Stoneham Rd When was the debt incurred? North Canton, OH 44720 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection ☐ Yes 4.8 First Premier Bank Last 4 digits of account number \$853.00 1374 Nonpriority Creditor's Name Opened 05/18 Last Active 3820 N Louise Ave When was the debt incurred? 8/18/18 Sioux Falls, SD 57107 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other. Specify 4.9 **First Premier Bank** Last 4 digits of account number 1418 \$753.00 Nonpriority Creditor's Name Opened 04/17 Last Active 3820 N Louise Ave When was the debt incurred? 8/18/18 Sioux Falls, SD 57107 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card

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Case number (if know) Debtor 1 Antonio Adams 4.1 Franciscan Alliance 4108 \$2,698.00 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 3475 When was the debt incurred? 2018 Attn Bankruptcy Toledo, OH 43607-0475 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical bill ☐ Yes 4.1 **Great Lakes Program Serv Center** \$17,577.00 Last 4 digits of account number Nonpriority Creditor's Name 600 West Madison St When was the debt incurred? Attn Bankruptcy Chicago, IL 60661 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Overpayment ☐ Yes 4.1 **Hertg Accpt** \$8,327.00 Last 4 digits of account number Nonpriority Creditor's Name 121 S Main St When was the debt incurred? Elkhart, IN 46516 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Auto deficiency ☐ Yes

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| Debt | Antonio Adams | | Case number (if know) | |
|----------|--|---|---|------------|
| 4.1 3 | ICS | Last 4 digits of account number | 7605 | \$200.00 |
| | Nonpriority Creditor's Name PO Box 1010 Attn Bankruptcy | When was the debt incurred? | 2017 | |
| | Tinley Park, IL 60477-9110 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | a plane, and other similar debts | |
| | Yes | Other. Specify Collection 1 | | |
| 4.1 4 | Merrick Bank Corp Nonpriority Creditor's Name | Last 4 digits of account number | 5787 | \$1,904.00 |
| | Pob 9201 Old Bethpage, NY 11804 | When was the debt incurred? | Opened 04/17 Last Active 8/05/18 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 5 | Upgrade Inc Nonpriority Creditor's Name | Last 4 digits of account number | 1929 | \$4,829.00 |
| | 275 Battery St Fl 23 San Francisco, CA 94111 | When was the debt incurred? | Opened 05/18 Last Active 7/25/18 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other Specify Unsecured | . , | |
| | — 103 | - Uther Shecky Oligoduleu | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Antonio Adams

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Markoff Law LLC **29N WACKER DR 1010** Chicago, IL 60606

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Т | otal Claim |
|--------------|-----|---|-----|----|------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 500.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 500.00 |
| | | | | Т | otal Claim |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 44,577.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 44,577.00 |

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| | | 1700.11111. | 111 FAU L / I UL | |
|---------------------|--------------------------|-------------------|-----------------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Antonio Adams | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Number | whom you have the , Street, City, State and ZIP | e contract or lease Code | State what the contract or lease is for |
|-----|-----------|--------------------------------|--|-----------------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | O.t.y | | - Clare | 2 0000 | |
| ۷.٦ | Name | | | | |
| | | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| | Oity | | Otato | 211 0000 | |

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| | | Docume | ent Page 28 o | ot 51 | |
|-------------------------|---|--|---------------------------|------------------------|---|
| Fill in thi | s information to identify your | case: | | | |
| Dobtor 1 | Antonio Ademo | | | | |
| Debtor 1 | Antonio Adams First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fi | iling) First Name | Middle Name | Last Name | | |
| | . 5 | NODTHEDN DIOTOIOT | 05 11 1 1010 | | |
| United St | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case nun | nher | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | - |
| Officia | al Form 106H | | | | |
| Schoo | dule H: Your Cod | lobtors | | | 40/45 |
| Scrie | dule n. Tour Cou | ienioi 2 | | | 12/15 |
| 1. Do ■ No □ Ye 2. Wi | | you are filing a joint case, we have a second to be seen to be see | do not list either spouse | ry? (Community propert | |
| | | | | | |
| ■ No | o. Go to line 3. | | | | |
| ☐ Ye | es. Did your spouse, former spo | ouse, or legal equivalent live | e with you at the time? | | |
| in lin Form | e 2 again as a codebtor only | if that person is a guaran | tor or cosigner. Make | sure you have listed t | g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor | | | Column 2: The cre | editor to whom you owe the debt |
| | Name, Number, Street, City, State and 2 | ZIP Code | | Check all schedule | |
| | | | | | |
| 3.1 | | | | D Schedule D, lin | |
| | Name | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lin | ne |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |
| | | | | | |
| | | | | _ | |
| 3.2 | Name | | | D Schedule D, lin | |
| | Name | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lin | ne |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| Fill | in this information to identify your of | case: | | | | | | | | |
|--------------------|--|---|--|---------------|----------------|----------------------|-----------------------|-------------------------|-------------------------------|-----------------|
| Del | btor 1 Antonio Ad | ams | | | _ | | | | | |
| | btor 2 puse, if filing) | | | | | | | | | |
| Uni | ited States Bankruptcy Court for the | e: NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | | |
| | se number nown) | | - | | | □ A | | ed filing ent showi | ng postpetitior | |
| 0 | fficial Form 106I | | | | | | 1M / DD/ Y | | J | |
| | chedule I: Your Inc | ome | | | | IV | ו /טט / ווווו | 1111 | | 12/1 |
| sup spo atta | as complete and accurate as pos plying correct information. If you use. If you are separated and yo ch a separate sheet to this form. | are married and not fili ur spouse is not filing w On the top of any additi | ng jointly, and your sp ith you, do not include | ouse infor | is liv mati | ing with on about | you, incl your spo | ude infor ouse. If m | mation about nore space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | 2 or non- | filing spouse | |
| | If you have more than one job, | Employment status | ■ Employed | | | | ☐ Empl | oyed | | |
| | attach a separate page with information about additional | | ☐ Not employed | | | | ☐ Not e | mployed | | |
| | employers. | Occupation | Bus Operator | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Pace | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed t | here? 7 months | i | | | _ | | | |
| Pai | rt 2: Give Details About Mo | nthly Income | | | | | | | | |
| | mate monthly income as of the cuse unless you are separated. | late you file this form. If | you have nothing to rep | ort for | any | ine, write | \$0 in the | space. Ir | nclude your no | n-filing |
| | ou or your non-filing spouse have me space, attach a separate sheet to | | ombine the information f | or all | emplo | oyers for | that perso | on on the | lines below. If | you need |
| | | | | | | For Dek | otor 1 | | ebtor 2 or ling spouse | |
| 2. | List monthly gross wages, sale deductions). If not paid monthly, | ary, and commissions (b calculate what the month | efore all payroll ly wage would be. | 2. | \$ | 3 | ,302.00 | \$ | N/A | - |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | - |
| 4 | Calculate gross Income. Add li | ne 2 + line 3 | | 4 | \$ | 3 3(| 02 00 | \$ | N/A | |

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| Deb | tor 1 | Antonio Adams | - | (| Case nu | ımber (<i>if kr</i> | nown) | | | | |
|-----|-----------------------|---|-------|---------|----------|----------------------|-------------|------------|--------|---------------------|-----------|
| | | | | | For D | ebtor 1 | | | Debtor | | |
| | Cop | by line 4 here | 4. | | \$ | 3,302 | 2.00 | \$_ | | N/A | _ |
| 5. | List | all payroll deductions: | | | | | | | | | |
| - | 5a. | Tax, Medicare, and Social Security deductions | 5a | a | \$ | 565 | 5.50 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$ | | 0.00 | \$- | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c | | \$ | | 0.00 | \$ | | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d | d. | \$ | | 0.00 | \$_ | | N/A | _ |
| | 5e. | Insurance | 5e | €. | \$ | 184 | 1.17 | \$_ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | | \$ | | 0.00 | \$_ | | N/A | _ |
| | 5g. | Union dues | 5g | | \$ | | 0.00 | \$_ | | N/A | _ |
| | 5h. | Other deductions. Specify: Uniform | _ 5h | 1.+ | \$ | 54 | 1.17 | + \$_ | | N/A | <u>-</u> |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 803 | 3.84 | \$_ | | N/A | <u>-</u> |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 2,498 | 3.16 | \$_ | | N/A | <u>-</u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | | \$ | | 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b | | \$— | | 0.00 | \$- | | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | | * | | | * _ | | 14/7 | _ |
| | | settlement, and property settlement. | 80 | | \$ | (| 0.00 | \$_ | | N/A | |
| | 8d. | Unemployment compensation | 8d | d. | \$ | (| 0.00 | \$_ | | N/A | _ |
| | 8e. | Social Security | 8e | €. | \$ | | 0.00 | \$ | | N/A | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | \$ | | 0.00 | \$_ | | N/A | |
| | 8g. | Pension or retirement income | 8g | | \$ | | 0.00 | – | | N/A | _ |
| | 8h. | Other monthly income. Specify: | _ 011 | ۱.+ | \$ | | 0.00 | + »_ | | N/A | _ |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | . | (| 0.00 | \$_ | | N/ | A |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | 2. | 498.16 | + \$ | | N/A | = \$ | 2,498.16 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | L | | | | | | | | , |
| 11. | Incli othe Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not scify: | depe | | | | | - | | <i>∋ J</i> . +\$ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certainlies | | | | | | | 12. | \$ | 2,498.16 |
| | _ | | _ | | | | | | | | ly income |
| 13. | ָ סע | you expect an increase or decrease within the year after you file this form | ? | | | | | | | | |
| | _ | No. Yes. Explain: | | | | | | | | | |
| | 1 1 | LES. EAUMIL | | | | | | | | | Į. |

Official Form 106I Schedule I: Your Income page 2

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| | to the telegraph of the telegraph of the second | | | | |
|---------------------|--|--|-------------|-------------------|---|
| FIII | in this information to identify your case: | | | | |
| Debt | Antonio Adams | | Che | eck if this is: | |
| Dob | otor 2 | | | An amended filing | ing postpotition abouter |
| | ouse, if filing) | | | 13 expenses as of | ving postpetition chapter the following date: |
| | | | | | |
| Unite | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLIN | NOIS | | MM / DD / YYYY | |
| Case | se number | | | | |
| (If kr | nown) | | | | |
| Of | fficial Form 106J | | | | |
| Sc | chedule J: Your Expenses | | | | 12/15 |
| Be a info nun | as complete and accurate as possible. If two married people a ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question. | | | | |
| Part | t 1: Describe Your Household Is this a joint case? | | | | |
| ١. | | | | | |
| | ■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | <u> </u> | | | | |
| | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expense</i> | os for Sonarato House | hold of Dok | otor ? | |
| | | es for Separate House | noid of Det | 0101 2. | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □ No |
| | dependents names. | Son | | 12 | ■ Yes |
| | | | | | □ No |
| | | Daughter | | 21 | Yes |
| | | | | | □ No |
| | | | | | Yes |
| | | | | | □ No |
| 3. | De veux evaneses include | | | | ☐ Yes |
| ა. | Do your expenses include expenses of people other than yourself and your dependents? | | | | |
| Esti exp app | t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless benses as of a date after the bankruptcy is filed. If this is a supplicable date. Iude expenses paid for with non-cash government assistance | oplemental <i>Schedule</i> | | | |
| the | value of such assistance and have included it on <i>Schedule I:</i> ficial Form 106I.) | | | Your expe | enses |
| 4. | The rental or home ownership expenses for your residence. payments and any rent for the ground or lot. | Include first mortgage | 4. | \$ | 1,000.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. | \$ | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. | · | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. | \$ | 0.00 |
| _ | 4d. Homeowner's association or condominium dues | | 4d. | \$ | 0.00 |
| 5 | Additional mortgage payments for your residence, such as he | ome equity loans | 5 | * | 0.00 |

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| ebtor 1 | Antonio Adams | Case num | ber (if known) | |
|----------|---|--------------|--|-----------------------|
| . Utilit | ries. | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 0.00 |
| 6b. | Water, sewer, garbage collection | 6b. | · | 0.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | · | 250.00 |
| 6d. | Other. Specify: | 6d. | · | 0.00 |
| | d and housekeeping supplies | 7. | · | 400.00 |
| | dcare and children's education costs | 7. 8. | \$ | |
| | | o. 9. | · | 0.00 |
| | hing, laundry, and dry cleaning | | \$ | 20.00 |
| | onal care products and services | 10. | · | 20.00 |
| | ical and dental expenses | 11. | \$ | 0.00 |
| | sportation. Include gas, maintenance, bus or train fare. | 12. | \$ | 250.00 |
| | ot include car payments. | 13. | · | |
| | rtainment, clubs, recreation, newspapers, magazines, and books | | · - | 0.00 |
| | ritable contributions and religious donations | 14. | \$ | 0.00 |
| 5. Insu | | | | |
| | ot include insurance deducted from your pay or included in lines 4 or 20. | 150 | œ. | 0.00 |
| | Life insurance | 15a. | · | 0.00 |
| | Health insurance | 15b. | · | 0.00 |
| | Vehicle insurance | 15c. | | 150.00 |
| | Other insurance. Specify: | 15d. | \$ | 0.00 |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| Spec | · | 16. | \$ | 0.00 |
| | allment or lease payments: | | | |
| 17a. | Car payments for Vehicle 1 | 17a. | \$ | 408.00 |
| 17b. | Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. | Other. Specify: | 17c. | \$ | 0.00 |
| 17d. | Other. Specify: | 17d. | \$ | 0.00 |
| | payments of alimony, maintenance, and support that you did not report as | S | | |
| | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | | \$ | 0.00 |
| | er payments you make to support others who do not live with you. | | \$ | 0.00 |
| Spec | sify: | 19. | | |
|). Othe | er real property expenses not included in lines 4 or 5 of this form or on Sch | edule I: Yo | ur Income. | |
| | Mortgages on other property | 20a. | | 0.00 |
| | Real estate taxes | 20b. | \$ | 0.00 |
| | Property, homeowner's, or renter's insurance | 20c. | · - | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | Homeowner's association or condominium dues | 20a. 20e. | | |
| | | | · | 0.00 |
| . Otne | er: Specify: | 21. | +\$ | 0.00 |
| Calc | ulate your monthly expenses | | | |
| | Add lines 4 through 21. | | \$ | 2,498.00 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | 2,430.00 |
| | | | · | |
| 22C. | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,498.00 |
| 3. Calc | ulate your monthly net income. | | 1 | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,498.16 |
| | Copy your monthly expenses from line 22c above. | 23a. 23b. | · | <u>.</u> |
| ۷۵۵. | Copy your monthly expenses from the 220 above. | ۷۵۵. | -Ψ | 2,498.00 |
| 22.5 | Cubtract your monthly expanses from your monthly income | | | |
| 23C. | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | \$ | 0.16 |
| | THE TESUK IS YOUR MOHALITY HELITICOTHE. | 200. | <u> </u> | |
| 4 Dov | ou expect an increase or decrease in your expenses within the year after y | ou file this | form? | |
| | xample, do you expect to finish paying for your car loan within the year or do you expect you | | | or decrease because o |
| FOLE: | ,, y | 9~9~ | , | |
| | cation to the terms of your mortgage? | | | |
| | | | | |

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| Fill in this infor | rmation to identify your | case: | | | |
|---------------------------------|--|----------------------------|--------------------------|--------------------------|---|
| Debtor 1 | Antonio Adams | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| Official For | | an Individual | Debtor's So | chedules | 12/15 |
| | | r, both are equally respon | | | ment, concealing property, or |
| obtaining mone | | n connection with a bank | | |), or imprisonment for up to 20 |
| Sig | gn Below | | | | |
| Did you pa | ay or agree to pay some | eone who is NOT an attorn | ney to help you fill out | bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | ruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| | alty of perjury, I declare re true and correct. | that I have read the sumr | nary and schedules file | ed with this declaration | n and |
| | tonio Adams | | X | | |
| | nio Adams ure of Debtor 1 | | Signature of | f Debtor 2 | |

Date _____

Date September 20, 2018

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| | | ation to identify you | r case: | | | | |
|---------------------|----------------------------|--|---|---|---|---|--|
| Del | btor 1 | Antonio Adams First Name | Middle Name | Last Name | | | |
| | btor 2 buse if, filing) | First Name | Middle Name | Last Name | | | |
| Uni | ited States Bar | kruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | | |
| l | se number | | | | _ | Check if this is an | |
| Sta Be a info | as complete a | of Financial | attach a separate sheet to | are filing together, both are | ankruptcy equally responsible for sup additional pages, write you | | |
| | <u> </u> | , | urital Status and Where You | ı Lived Before | | | |
| 1. | What is your | current marital statu | ıs? | | | | |
| | ☐ Married ■ Not marr | ried | | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere other than | where you live now? | | | |
| | ■ No □ Yes. List | all of the places you l | ived in the last 3 years. Do no | ot include where you live now | ٠. | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | |
| 3. state | | | | | ity property state or territor co, Texas, Washington and V | | |
| | ■ No □ Yes. Ma | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | | |
| Par | rt 2 Explain | n the Sources of You | r Income | | | | |
| 4. | Fill in the tota | I amount of income yo | nployment or from operatin u received from all jobs and a have income that you receiv | all businesses, including part- | | ndar years? | |
| | □ No ■ Yes. Fill | in the details. | | | | | |
| | | | Debtor 1 | | Debtor 2 | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$15,000.00 | ☐ Wages, commissions, bonuses, tips | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | |

Official Form 107

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| | | | | Debtor 1 | | | | Debtoi | | | | | |
|---|----------------------------|--|--|--|---|--|---|--|---|--|---|--|--|
| | | | | | of income that apply. | | income e deductions and ions) | | Check all that apply. | | Gross income (before deductions and exclusions) | | |
| | r last caler nuary 1 to | ndar year: December | 31, 2017) | ■ Wage bonuses, | s, commissions, tips | | \$27,829.00 | | ☐ Wages, commissions, bonuses, tips | | | | |
| | | | | ☐ Opera | iting a business | | | □Оре | erating a | business | | | |
| Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment of the public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lotted winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. | | | | | | | | | | | | | |
| | | | | D-1:14 | | | | Dalata | - 0 | | | | |
| | | | | Debtor 1 Sources Describe | of income below. | each s | income from source e deductions and ions) | Describ | es of inco | | Gross income (before deductions and exclusions) | | |
| Dai | rt 3: Lis | t Cortain Ba | vmonte Vou | Made Ref | ore You Filed for | Bankruni | ·ov | | | | | | |
| | | individual puring the No. Yes * Subject | 90 days before Go to line 7 List below expaid that crucial include to adjustment or Debtor 2 or 90 days before Go to line 7 List below expaid the gradient of the line 7 List below expanding attorney for gradient or gradien | personal, or you filed to be ach creditor. Do repayments to n 4/01/19 or both have you filed to be ach credite ments for comments for comments for comments. | family, or househod for bankruptcy, do for to whom you panet include payme to an attorney for to an attorney for to an attorney for to bankruptcy, do for to whom you padomestic support of | aid a total of the state of the | e." y any creditor a to of \$6,425* or more nestic support ob uptcy case. at for cases filed of ts. y any creditor a to of \$600 or more a | e in one or i oligations, su on or after th otal of \$600 | 5* or more pay uch as chone date or more? amount yalimony. | re? ments and the ild support a f adjustment. you paid that Also, do not in | | | |
| | Creditor | s Name and | a Address | | Dates of paymo | ent | paid | | II owe | was this p | payment for | | |
| 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corp of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No | | | | | | | | | ral partner; corporations agent, including one for | | | | |
| | | | nents to an in | sider. | | | | | | | | | |
| | Insider's | Name and | Address | | Dates of paymo | ent | Total amount paid | Amoui sti | nt you Il owe | Reason fo | r this payment | | |

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| | 711101110 71441110 | | | | <i>'</i> | | |
|-----|--|------------------------|--|----------------------|---|------------------------------|--|
| | | | | | | | |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos | | yments or transfer a | any property on | account of a d | ebt that benefited an | |
| | ■ No□ Yes. List all payments to an insider | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | | this payment litor's name | |
| Par | t 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | | |
| | Case title | Nature of the case | Court or agency | | Status of the case | | |
| | Case number Heritage Acceptance Corp vs Antonio Adams 2013 M1 151290 | Civil | Circuit Court o County 50 West Washi Chicago, IL 60 | ington Street | □ Pending□ On appeal■ Concluded | | |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below | | perty repossessed, f | oreclosed, garn | ished, attached | d, seized, or levied? | |
| | □ No. Go to line 11.■ Yes. Fill in the information below. | | | | | | |
| | Creditor Name and Address | Describe the Property | | | e | Value of the | |
| | | Explain what happene | ed | | | property | |
| | Hertg Accpt 121 S Main St | Auto deficiency | | | | \$0.00 | |
| | Elkhart, IN 46516 | ■ Property was reposs | sessed. | | | | |
| | | Property was foreclo | | | | | |
| | | Property was garnis | | | | | |
| | | ☐ Property was attach | ed, seized or levied. | | | | |
| 11. | Within 90 days before you filed for bankrul accounts or refuse to make a payment bed No Yes. Fill in the details. | | cluding a bank or fi | nancial institutio | on, set off any a | amounts from your | |
| | Creditor Name and Address | Describe the action th | e creditor took | Date take | e action was | Amount | |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a | | perty in the possess | ion of an assign | ee for the ben | efit of creditors, a | |

No ☐ Yes Case 18-26577 Doc 1 Filed 09/20/18 Entered 09/20/18 22:00:09 Desc Main

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| Pai | t 5: List Certain Gifts and Contributions | | | | | | |
|-----|--|---|---|---------------------------|--|--|--|
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift. | | | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | |
| 14. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or con- | tcy, did you give any gifts or contributions with a to | tal value of more than | \$600 to any charity? | | | |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | Dates you contributed | Value | | | |
| Pai | t 6: List Certain Losses | | | | | | |
| 15. | or gambling? | cy or since you filed for bankruptcy, did you lose an | ything because of the | t, fire, other disaster, | | | |
| | | ecoribe any incurance acyarage for the lace | Data of your | Value of property | | | |
| | how the loss occurred | escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | | |
| Pai | t 7: List Certain Payments or Transfers | | | | | | |
| 16. | consulted about seeking bankruptcy or pre | cy, did you or anyone else acting on your behalf pay paring a bankruptcy petition? payerers, or credit counseling agencies for services requires. | | rty to anyone you | | | |
| | □ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | |
| | Lee Ratliff & Associates LLC 1800 Ridge Road Unit 204, Suite 10 Homewood, IL 60430 angielesq@yahoo.com | Attorney Fees | | \$840.00 | | | |
| 17. | | cy, did you or anyone else acting on your behalf pay ors or to make payments to your creditors? ou listed on line 16. | or transfer any prope | rty to anyone who | | | |
| | No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | |

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Debtor 1 Antonio Adams

| 8. | Within 2 years before you filed for bankrupto transferred in the ordinary course of your but Include both outright transfers and transfers mainclude gifts and transfers that you have already No | usiness or financial affa ade as security (such as | airs? the granting of a | | | |
|-----|--|--|----------------------------|-------------|---|---|
| | ☐ Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | Description and very property transfer | | payme | ibe any property or ents received or debts n exchange | Date transfer was made |
| | Person's relationship to you | | | | | |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro | | ny property to a | self-settle | d trust or similar device | of which you are a |
| | No Yes. Fill in the details. | | | | | |
| | Name of trust | Description and v | alue of the prop | perty trans | ferred | Date Transfer was |
| | | | | | | made |
| Par | t 8: List of Certain Financial Accounts, Ins | struments, Safe Deposi | t Boxes, and Sto | orage Unit | s | |
| 20. | Within 1 year before you filed for bankruptcy | y, were any financial ac | counts or instru | uments he | ld in your name, or for y | our benefit, closed, |
| | sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accou | int or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe 1 | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit o | or place other than you | r home within 1 | year befor | e you filed for bankrupt | cy? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or I to it? Address (Number, S State and ZIP Code) | | Describe t | the contents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control | for Someone Fise | | | | |
| | Do you hold or control any property that sor for someone. | | ude any propert | y you borr | owed from, are storing | for, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe t | the property | Value |
| Par | t 10: Give Details About Environmental Info | , | | | | |
| or | the nurnose of Part 10 the following definition | ons anniv | | | | |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Case number (if known) Document

Debtor 1 **Antonio Adams**

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste hazardous substance toxic substance

| _ | hazardous material, pollutant, contaminant, or similar term. | | | | | | |
|-----|---|--|---------|--|--------------------|--|--|
| Rep | ort all notices, releases, and proceedings t | hat you know about, regardless of when | they o | ccurred. | | | |
| 24. | Has any governmental unit notified you that | at you may be liable or potentially liable | under d | or in violation of an environme | ental law? | | |
| | ■ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | vironmental law, if you ow it | Date of notice | | |
| 25. | Have you notified any governmental unit o | f any release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | vironmental law, if you ow it | Date of notice | | |
| 26. | Have you been a party in any judicial or ad | Iministrative proceeding under any envir | onmen | ital law? Include settlements a | and orders. | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature | e of the case | Status of the case | | |
| Par | t 11: Give Details About Your Business of | Connections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankrup | Nithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? | | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | |
| | ☐ A partner in a partnership | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | |
| | □ No. None of the above applies. Go to Part 12. | | | | | | |
| | Yes. Check all that apply above and fill in the details below for each business. | | | | | | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | | mployer Identification number o not include Social Security r | | | |
| | (,, , , | Name of accountant of bookkeeper | D | Dates business existed | | | |
| | Primary Security Investigation LLC 348 MERRIMAC ST. | Security services | | EIN: From-To August 2018 | | | |
| | Park Forest, IL 60466 | | | August 2010 | | | |

Page 40 of 51 Case number (if known) Document Debtor 1 **Antonio Adams** 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No ☐ Yes. Fill in the details below. **Date Issued** Name Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Antonio Adams Signature of Debtor 2 **Antonio Adams** Signature of Debtor 1 Date September 20, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Entered 09/20/18 22:00:09

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Doc 1

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Filed 09/20/18

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| Fill in this inform | nation to identify your | caso: | | | |
|--------------------------------------|---|-----------------------|--|------------------------------|--|
| | | case. | | | |
| Debtor 1 | Antonio Adams First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | nkruptcy Court for the: | NORTHERN DIST | RICT OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Official Fo | rm 108 | | | | amended illing |
| Statemer | nt of Intentio | n for Indiv | iduals Filing Un | der Chapter | 7 12/15 |
| If you are an indi | vidual filing under cha | pter 7. vou must fill | out this form if: | | |
| | e claims secured by yo | | | | |
| You must file this | ver is earlier, unless th | ithin 30 days after | ot expired. you file your bankruptcy petitie time for cause. You must also | | |
| | eople are filing together ad date the form. | r in a joint case, bo | th are equally responsible for s | supplying correct inform | mation. Both debtors must |
| | and accurate as possib our name and case nur | | needed, attach a separate she | eet to this form. On the | top of any additional pages, |
| Part 1: List Yo | our Creditors Who Have | e Secured Claims | | | |
| • | - | art 1 of Schedule D | Creditors Who Have Claims S | Secured by Property (Of | fficial Form 106D), fill in the |
| information be Identify the cre | elow. editor and the property t | hat is collateral | What do you intend to do wi secures a debt? | th the property that | Did you claim the property as exempt on Schedule C? |
| Creditor's F | irst Invst Svc/first | | - O was a day the constant | | ■ M. |
| name: | ii st iii v st O v o/iii st | | Surrender the property.Retain the property and re | deem it | No |
| | | | Retain the property and en | | ☐ Yes |
| | 2013 Kia Optima 5 | 0,000 miles | Reaffirmation Agreement. | | |
| property securing debt: | | | ☐ Retain the property and [ex | (plain]: | |
| | | | | | |
| | our Unexpired Persona | | to Oaka kida O. Foresidana Oan | | (O():-!-! F 4000\ ()!! |
| in the informatio | n below. Do not list rea | al estate leases. Un | in Schedule G: Executory Con expired leases are leases that he trustee does not assume it. | are still in effect; the lea | eases (Official Form 106G), fill ase period has not yet ended. |
| Describe your u | nexpired personal pro | perty leases | | Wi | ill the lease be assumed? |
| _ | | | | | |
| Lessor's name: Description of lea | eed | | | | No |
| Property: | 10CU | | | | Yes |
| Lessor's name: | | | | п | No |
| Description of lea | ased | | | Ц | INU |
| Property: | | | | | Yes |
| Lessor's name: | | | | | No |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Del | btor 1 | Antonio Adams | Case number (if known) | |
|-----|-----------------------------------|--|--|----------|
| | scriptior | n of leased | ☐ Yes | |
| Des | ssor's na scriptior pperty: | ame: n of leased | □ No | |
| Des | ssor's na scriptior perty: | ame: n of leased | □ No | |
| Des | ssor's na scriptior operty: | ame: n of leased | □ No | |
| Des | ssor's na scriptior perty: | ame: n of leased | □ No □ Yes | |
| | | Sign Below | | |
| | perty th | alty of perjury, I declare that I have ind at is subject to an unexpired lease. ntonio Adams | cated my intention about any property of my estate that secures a debt and any | personal |
| ^ | Anto | nio Adams ture of Debtor 1 | Signature of Debtor 2 | |
| | Date | September 20, 2018 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| C | hapter 7: | Liquidation | |
|----------|-----------|--------------------|--|
| | \$245 | filing fee | |
| | \$75 | administrative fee | |
| <u>+</u> | \$15 | trustee surcharge | |
| | \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-26577 Doc 1 Filed 09/20/18 Entered 09/20/18 22:00:09 Desc Main Document Page 47 of 51

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | e Antonio Adams | | Case No. | | | |
|-------|--|--|--|-----------------------------|-------------|--|
| | | Debtor(s) | Chapter | 7 | | |
| | DISCLOSURE OF COM | IPENSATION OF ATTOI | RNEY FOR D | EBTOR(S) | | |
| | Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. compensation paid to me within one year before the rendered on behalf of the debtor(s) in contemplation. | e filing of the petition in bankruptcy, | or agreed to be paid | to me, for services rende | red or to | |
| | For legal services, I have agreed to accept | | \$ | 840.00 | | |
| | Prior to the filing of this statement I have rece | | | 840.00 | | |
| | Balance Due | | \$ | 0.00 | | |
| 2. | The source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 3. | The source of compensation to be paid to me is: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 4. | ■ I have not agreed to share the above-disclosed | compensation with any other person | unless they are men | nbers and associates of my | y law firm. | |
| | ☐ I have agreed to share the above-disclosed comcopy of the agreement, together with a list of the | | | | firm. A | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | |
| | a. Analysis of the debtor's financial situation, and b. Preparation and filing of any petition, schedules c. Representation of the debtor at the meeting of c d. [Other provisions as needed] Negotiations with secured creditors reaffirmation agreements and applications of liens or liens or liens or liens or liens | s, statement of affairs and plan which creditors and confirmation hearing, ar s to reduce to market value; exe cations as needed; preparation | n may be required; and any adjourned he emption planning | arings thereof; | g of | |
| 6. | By agreement with the debtor(s), the above-disclos Representation of the debtors in an | | | y proceeding. | | |
| | | CERTIFICATION | | | | |
| | I certify that the foregoing is a complete statement bankruptcy proceeding. | of any agreement or arrangement for | payment to me for | representation of the debte | or(s) in | |
| 9 | September 20, 2018 | /s/ Angie S. Lee | | | | |
| I | Date | Angie S. Lee 628 | | | _ | |
| | | Signature of Attorne Lee Ratliff & Ass | | | | |
| | | 1800 Ridge Road | | | | |
| | | Unit 204, Suite 10 Homewood, IL 60 | | | | |
| | | 708-845-7958 Fa | | | | |

angielesq@yahoo.com

Name of law firm

United States Bankruptcy Court Northern District of Illinois

| In re | Antonio Adams | | Case No. | |
|-------|--|---|-----------------|---------------------------|
| | | Debtor(s) | Chapter | 7 |
| | VE | RIFICATION OF CREDITOR MA | ATRIX | |
| | | Number of C | Creditors: | 21 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor | ors is true and | correct to the best of my |
| Date: | September 20, 2018 | /s/ Antonio Adams Antonio Adams Signature of Debtor | | |

Advocate Medical Group 8550 W Bryn Mawr Ave 8th Fl Chicago, IL 60631

Capital One 15000 Capital One Dr Richmond, VA 23238

City of Chicago Dept of Fin 33 N LaSalle St Ste 700 Chicago, IL 60602

Credit One Bank Na Po Box 98872 Las Vegas, NV 89193

Emp of Cook County LLC c/o US Acute Care Solutions PO Box 14099
Belfast, ME 04915

Escallate LLC 5200 Stoneham Rd North Canton, OH 44720

First Invst Svc/first 5757 Woodway Dr Ste 400 Houston, TX 77057

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107

Franciscan Alliance PO Box 3475 Attn Bankruptcy Toledo, OH 43607-0475

Franciscan Health Olympia Fields 20201 South Crawford Ave Attn Billing Olympia Fields, IL 60461 Franciscan Physicians Hosp-Patient 28044 Network Place Chicago, IL 60673-1280

Great Lakes Program Serv Center 600 West Madison St Attn Bankruptcy Chicago, IL 60661

Hertg Accpt 121 S Main St Elkhart, IN 46516

ICS
PO Box 1010
Attn Bankruptcy
Tinley Park, IL 60477-9110

Illinois Dept of Human Services PO Box 19407 Springfield, IL 62794-9407

Markoff Law LLC 29N WACKER DR 1010 Chicago, IL 60606

Merrick Bank Corp Pob 9201 Old Bethpage, NY 11804

Oasis Financial 9525 W Bryn Mawr Ave Suite 900 Rosemont, IL 60018

Radiology Imaging Consultants 75 Remittance Dr Dept 1324 Attn Bankruptcy Chicago, IL 60675-1324

South Holland Injury Care 15525 South Park Ave Suite 107 South Holland, IL 60473 Upgrade Inc 275 Battery St Fl 23 San Francisco, CA 94111